



Vox Populi: V-BID through the eyes of citizens

Marge Ginsburg

ginsburg@chcd.org

www.chcd.org



***V-BID conference
October 30, 2012***

Today

- Difference b/w consumer and citizen input
- What makes a 'deliberative' topic
- A pilot V-BID project on carrots and sticks
- What we learned
- Future deliberation on V-BID

The range of public participation

‘town hall meetings’



‘deliberation’



Different goals and processes

‘town hall meetings’

Goal: capture public views

- Broad topic
- Presents options (but not the consequences)
- May ask for priorities (but not the rationale)
- Rarely expects debate
- Gets the individual view

‘deliberation’

Goal: identify public values

- Targeted topic, accurate information
- Options involve trade-offs
- Decisions require reasons
- Interactive discussion and debate
- Seeks a societal view

Defining a deliberative topic

- Presents a broad health policy issue that has no simple answer.
- The issue is not resolved through technical solutions or clinical research.
- The tension is a societal quandary, where different social values are in conflict.

Deliberative topics related to coverage

- What makes a health benefit essential rather than simply desired?
- When, if ever, should the cost of treatment be a factor in coverage decisions?
- Should there be stricter standards of treatment effectiveness?

***Should patient cost-sharing
be oriented to the degree that
treatment brings benefit to
patients?***



*Is V-BID a just and logical
approach to healthcare
benefits design....*

or...

*is it unfair to vary the cost burden
depending on the diagnosis or
health status of different plan
members?*



*Is V-BID a just and logical
approach to healthcare
benefits design....*

Or...

*is it unfair to vary the cost burden
depending on definitions of 'value'
that are not determined by the
patient and doctor?*

Bringing deliberation to V-BID

- Used carrot and stick approaches
- Five two-hour discussion groups, N=47
- Mixed-age group, majority 50+; with employer health insurance or Medicare
- “.....best interest of all employees...”

Discussion tool

Three scenarios:

- **Carrot:** reduced cost-sharing for patients with diabetes/other chronic conditions
- **Sticks:** increased cost-sharing for 1) MRI for acute LBP 2) cancer tx with no proven effectiveness.

BUSINESS

The Chronicle with Bloomberg

MEDICINE

Avastin rejected for treating invasive form of breast cancer

By Anna Edney
BLOOMBERG NEWS

U.S. regulators have revoked approval of Roche AG's Avastin as a treatment for metastatic breast cancer, a move the drugmaker has said could put as much as \$873 million in revenue at risk.

Avastin, the world's best-selling cancer drug with \$6.2 billion in annual sales, isn't safe or effective when used to attack the disease, Commissioner Margaret Hamburg of the Food and Drug Administration said Friday. The drug remains approved for colon, lung, kidney

and brain cancer.

In June, Avastin failed to win backing at a first-of-its-kind advisory panel that was requested by Roche after the FDA first suggested approval be revoked. In that hearing, patients urged the advisers to continue access. The U.S. Centers for Medicare and Medicaid Services and health insurer WellPoint Inc. said they would review the action.

"This was a difficult decision," Hamburg said. "FDA recognizes how hard it is for patients and their families to cope with metastatic breast cancer and how great a need there is for more

effective treatments. But patients must have confidence that drugs they take are both safe and effective for their intended use."

While Roche doesn't plan to appeal the decision, it will continue a study seeking to identify breast cancer patients who would benefit most from Avastin, said Charlotte Arnold, a company spokeswoman. The study will weigh whether higher levels of a protein in the blood known as VEGF-A might improve the results with Avastin.

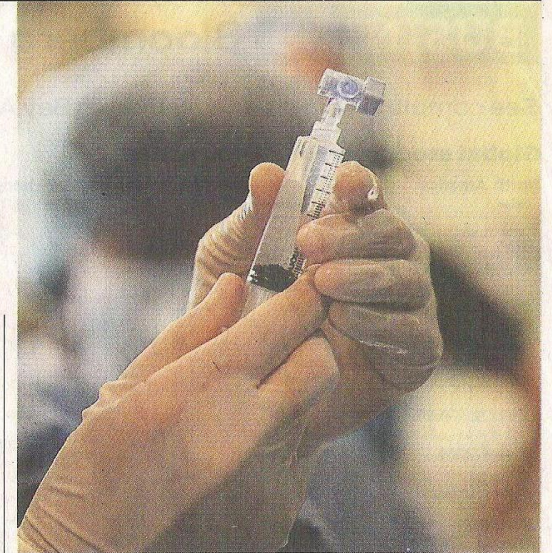
About 230,480 U.S. women will be diagnosed with new cases of invasive breast cancer this

year, and the disease will kill an estimated 39,520, according to the American Cancer Society.

Because the drug is approved for other diseases, doctors can still prescribe Avastin for breast cancer "off label."

The U.S. Centers for Medicare and Medicaid Services now cover Avastin for use against breast cancer and will "evaluate coverage options as a result of action by the FDA but has no immediate plans to change coverage policies," said Don McLeod, a spokesman for the agency.

Hamburg outlined her decision in a 69-page



Fred R. Conrad / New York Times 2010

Avastin, the world's top cancer drug, remains approved for colon, lung, kidney and brain cancer.

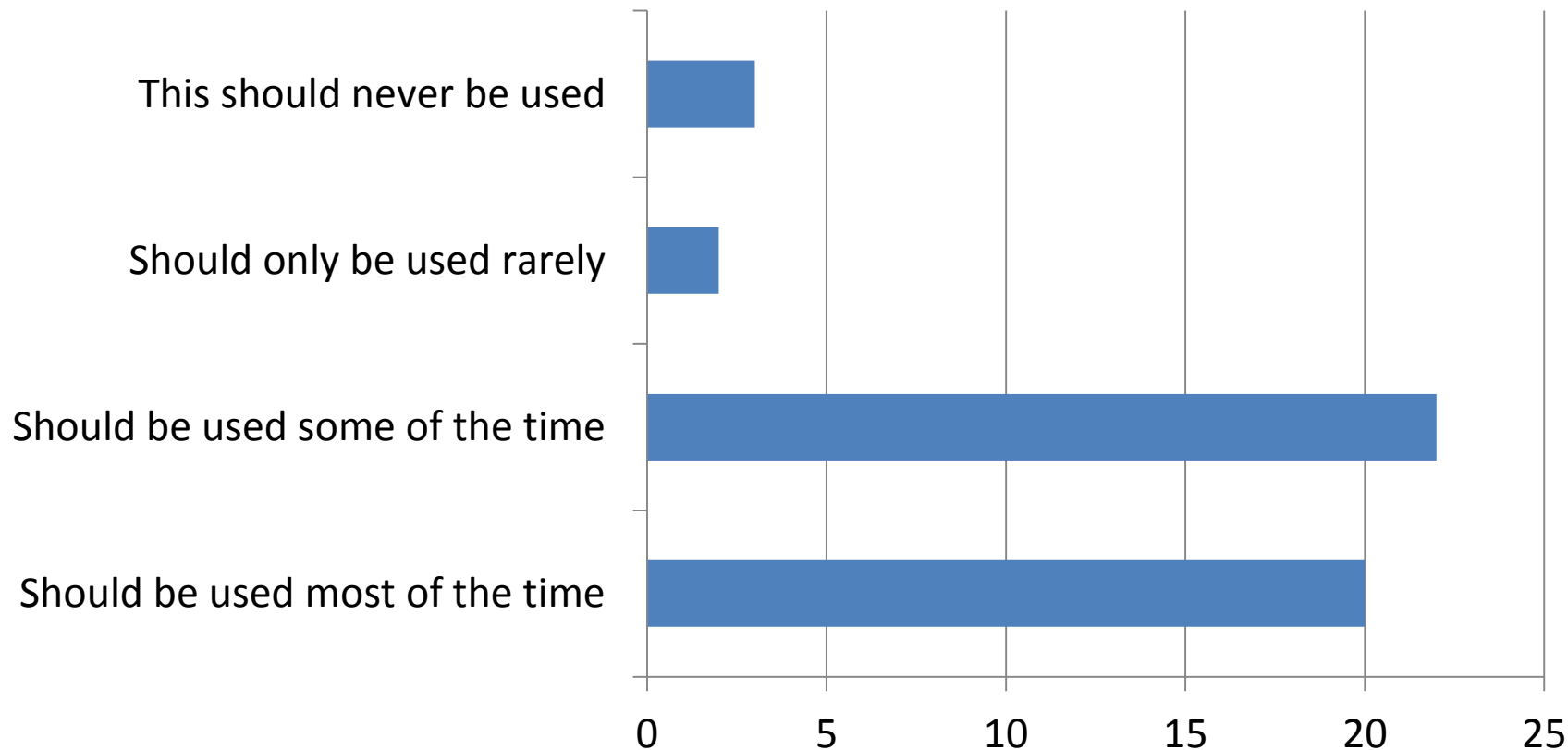
opinion that determined the use must be removed from Avastin's product labeling. The drug was approved for metastatic breast cancer in February 2008 under the condition that additional trials show effect on

tumor growth.

The data showed minimal results on tumor growth without evidence patients lived longer or had a better quality of life compared with standard chemotherapy, FDA said.

Overall, participants support V-BID

What is your reaction to value-based health care? (n=47)



Themes underlying their responses

Carrot:

- Must be proven to work – pts. healthier and dollars saved.
- It is fair to give a break to those with greatest burden.
- Patients also have responsibility.

Themes underlying responses

Sticks: low back pain; advanced breast CA

- Determining 'value' is a problem when evidence and MD judgment conflict.
- Looking for compromises.
- Maintaining hope? People are divided..

Sticks: When does the common good trump individual decisions of pts and MDs?

- When there is tangible scarcity
- When there is specific harm to others

For future deliberation....

- When there is a meaningful cost burden to others (society)?

‘Common Cents’ ***a multi-year initiative***

Under what circumstances, if any, does avoiding low-value care take precedence over the authority of the patient/physician decision?

Bringing the citizen voice to health care policy

